

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>SHERIDAN AFH II - FE HARTUNG</i>	LICENSE NUMBER <i>42701</i>
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NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

2. INITIAL LICENSING DATE

Feb. 1, 1996

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

5819 SO. SHERIDAN AVE. TACOMA, WA. 98408

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

SHERIDAN AFH - I

5. OWNERSHIP

- ☒ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

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Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows: *FOOD PREPARATIONS, TAKING FOODS TO client, cutting, de-boning, spoon feeding, assistance in cutting foods, vegetables, meat, as needed*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *taking client to toilet, monitoring, help cleaning, changing pads/clothing, washing, drying*

3. WALKING

If needed, the home may provide assistance with walking as follows: *walker, wheelchair, stand by assistance if needed, follow client side by side while walking if needed*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *lifting, assisting client if client can help, transfers*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *when laying in bed client will have assistance in positioning left to right sides & back also proper positioning of shoulders, elbows & arms. sitting on chair will position w/ back facing the back of the chair*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *personal hygiene will have assistance from bathing, cleaning perineal area, brushing teeth, combing hair, trimming nails, checking skin conditions, cleaning in between toes & fingernails*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *assistance in choosing proper clothing appropriate for the weather, when clothes make sure it has been washed, buttoning, pulling up zippers, strengthening clothes properly*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Bath or shower daily or least 3x a day, stand by assistance w/ helping in shampooing, conditioning, rinsing, drying, applying lotion*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

my regards to personal care, we note it and the client looks good from head to toes & make sure the client doesn't have any body odor.

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is: *As prescribed by the primary physician or any license licensed health provider of the client*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The home will only dispense to client medications that has been prescribed to them on proper time & amount. The home will not dispense medications without order from any health provider given over the counter or any topical s. If delegations are needed, the home will seek delegation before dispensing any medications.

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Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services: *Oxygen use, Tube feeding, blood sugar monitoring, Vital signs, Suctioning, enema,*

The home has the ability to provide the following nursing services by delegation: *Oxygen use, tube feeding, blood sugar monitoring, vital signs, nasus suctioning, enema, crushing medications*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *all skilled nursing that are done in this home are nurse delegated tasks.*

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☒ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS *Diabetes*

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☒ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☐ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☐ Registered nurse, days and times: _____
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: _____
- ☐ Awake staff at night
- ☐ Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

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RCS/Public Disclosure

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages: *This home primarily use English language to communicate resident who are English speaking.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS *We can only access English + Filipino speaking clients, other nationality who can speak English can be accommodated for.*

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- ☐ The home is a private pay facility and does not accept Medicaid payments.
- ☒ The home will accept Medicaid payments under the following conditions:

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following: *Bingo, outings, dancing, watching movies, taking them to parks & have picnics, barbeque outside*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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